

ACTICAL RESPONSE REPORT Chicago Police Department

1 DATE OF INCIDENT 13-OCT-2011		TIME 13:10:00		2 ADDRESS OF OCCURRENCE <div></div>						3 LOCATION CODE 303		4 BEAT OCCUR 1412							
5 POSITION 9161		6 LAST NAME ECHEVERRIA		7 FIRST NAME CESAR F		8 STAR NO. 14374		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE S		11 AGE 17-NOV-1964		12 HT 508		13 WT 180			
14 DATE OF APPT 26-MAR-1990		15 EMPLOYEE NO <div></div>		16 UNIT & BEAT OF ASSIGNMENT 014 1412		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
20 LAST NAME		21 FIRST NAME		22 MI		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 DOB		26 HT		27 WT					
28 ADDRESS				29 TELEPHONE NO.		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Under Influence													
36 CHARGES PLACED				<input checked="" type="checkbox"/> DNA				37 CB NO.				IR NO.				<input checked="" type="checkbox"/> DNA			
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT DEADLY FORCE									
		DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY OTHER _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____									
MEMBER'S RESPONSE (Check all that apply)		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER _____									
WEAPON DISCHARGE INCIDENT		39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40 ADDITIONAL INFORMATION													
		POSITION		STAR NO		UNIT													
		41 WEAPON TYPE		04 SEMI-AUTO PISTOL		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS RAIN									
		01 REVOLVER 02 RIFLE 03 SHOTGUN		05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER		Indoors <input checked="" type="checkbox"/> Outdoors		45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE					
		49 TASER PART ID NO C3100YNH6		50 WEAPON SERIAL NO. (Include Letters) X00-153406		51 CHICAGO GUN REG. NO.		52 IF FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO									
		54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO.		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED									
		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63 OTHER (Specify)									
		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT <input type="checkbox"/> 02 .05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT													
		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.													
		73 REPORTING MEMBER (Print Name) ECHEVERRIA, CESAR F 13-OCT-2011 13:51:21				STAR/EMPLOYEE NO 14374		SIGNATURE <div></div>											
SIGNATURES		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
		74 REVIEWING SUPERVISOR (Print Name) ALVERIO, LUIS A				STAR NO 1543		SIGNATURE <div></div>		DATE REVIEWED 13-OCT-2011 14:12:01		TIME							

WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. WEATHER CONDITIONS		44. WEATHER CONDITIONS		
	01 REVOLVER 02 RIFLE 03 SHOTGUN		04 HANDGUN 05 CHEMICAL WEAPON 06 TASER 07 OTHER		Indoors <input checked="" type="checkbox"/> Outdoors		02 Night 03 Dawn 04 Dusk 05 Poor Artificial 06 Good Artificial		
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		
	49. TASER DART ID NO C3100YNNH6		50. WEAPON SERIAL No. (Include Letters) X00-153406		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID NO.		
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED	
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. OTHER (Specify)	
<input checked="" type="checkbox"/> 01 MEMBER 02 OFFENDER		01 YES 02 NO				01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST)			
63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS					
01 STRONG SIDE DRAW 02 CROSS DRAW				01 YES 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED					
				01 0 - 05 FT. 02 05 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT.					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON				69. POSITION OF MEMBER DISCHARGING WEAPON					
01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN				01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)					

70. EVENT NO.

1091049273
att. 5

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE		<input checked="" type="checkbox"/> DNA	REFUSED	<input type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
DNA				
76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING The department member who had responded to a scene of a disturbance pulled his taser from his holster in case he needed to use it as a force option when he observed a large crowd arguing. As the officer pulled the taser from his holster, the weapon discharged with one cartridge being expended. The cartridge hit the ground and did not hit any person present at the scene. The officer immediately reported the discharge as required by G.O. It is suspected that taser 153406 is faulty and it is being sent to the range for an evaluation. The incident was documented in case report [REDACTED] Non-Criminal case and a Complaint Log Number was obtained based upon protocol only. (# 1049273)				
77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:				
<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES		I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED. LOG NO./CRNO. OBTAINED		
78. WATCH COMMANDER/OCIC (Print Name) CASEY, PATRICIA A	SIGNATURE [REDACTED]	DATE COMPLETED TIME 13-OCT-2011 16:16:36		
79. DISTRIBUTION OF ORIGINAL TRR: A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS				
ATTACHMENTS - PHOTOCOPIES OF <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT		SUPPLEMENTARY REPORT <input type="checkbox"/> OFFICER BATTERY REPORT <input checked="" type="checkbox"/> TO-FROM-SUBJECT REPORTS (FROM DEPARTMENT WITNESS(ES))		I O D REPORT <input checked="" type="checkbox"/> CR INITIATION REPORT
80. TOTAL TRR's THIS EVENT No				1

109 1049273
 OCT. 5